



**NEW HAMPSHIRE DEPARTMENT OF SAFETY
DIVISION OF SAFETY SERVICES
MARINE PATROL BUREAU
31 DOCK ROAD
GILFORD, NH 03249-7627**

APPLICATION FOR SLALOM COURSE PERMIT

Directions: Complete this form and mail to the above address.

INCOMPLETE APPLICATIONS WILL BE RETURNED.

☐ NEW

☐ RENEWAL

APPLICANT/NAME OF CLUB: _____

Contact Person: _____ DOB: _____

Daytime Phone: _____

Evening Phone: _____

Local Phone: _____

Cell Phone: _____

Mailing Address: _____

Town: _____ State: _____ Zip Code _____

TYPE OF SLALOM COURSE: ☐ 4 buoy system ☐ 6 buoy system
☐ other (specify) _____

TYPE OF INSTALLATION: ☐ submersible ☐ non-submersible

**PLEASE NOTE: ALL SLALOM COURSES MUST BE SUBMERGED
OR REMOVED WHEN NOT IN USE.**

LENGTH OF COURSE : _____

BODY OF WATER: _____ **TOWN:** _____

APPLICANT SIGNATURE

DATE

DESCRIBE SPECIFIC LOCATION:

REQUESTED DATE(S) OF OPERATION: _____

REQUESTED TIMES OF OPERATION: _____

NUMBER OF PARTICIPANTS: _____

SPECIAL REQUESTS AND/OR RESTRICTIONS: _____

A diagram/map showing the proposed location of the slalom course **MUST be provided with the application. Map must indicate the direction of north as a reference.**

Unsigned applications will be returned.



With an arrow, please indicate north.

Applicant: _____

Body of Water _____

Investigating Officer: _____

Field Investigation Notes:

Approval Status Recommendation:

- ☐ **APPROVE AS SUBMITTED.**
- ☐ **APPROVE WITH SAME CONDITIONS AS PRIOR YEARS.**
- ☐ **APPROVE WITH THE FOLLOWING CONDITIONS:**

☐ **DENY - PLEASE PROVIDE REASON FOR RECOMMENDATION OF DENIAL.**

SIGNED _____ **DATE** _____